US DEPT OF LABOR, OWCP
PO BOX 8300 - DISTRICT 2
LONDON, KY 40742-8300

Exhibit-1

United States Department of Labor

Division of Federal Employees' Compensation

BENEFIT STATEMENT

ANGEL D MORALES
BETANIA 28 ST URB MUNOZ RIVERA
GUAYNABO PR 00969

US DEPT OF LABOR, OWCP
PO BOX 8300 - DISTRICT 2
LONDON, KY 40742-8300

Item-1

Case Number:	02-0726438	Gross Compensation:	2,311.00
Social Security Number:	583-23-1827	Less Deductions:	83.98
Date of Injury:	96/08/21	Intermittent Hours Lost:	.00
Pay Type:	1	Overpayments:	.00
Check Date:	07/10/26	Other Payees:	.00
Period Paid:	07/09/30 To: 07/10/27	Net Check Amount:	2,227.02
Pay Rate:	685.12	Agency Health Insurance Cost:	213.04
Comp Rate:	.6667	Health Insurance Code:	891
Life Insurance	12.98	From: 07/09/30 To:	07/10/27

Item-2

NOTICE TO RECIPIENTS

METHOD OF PAYMENT If you are receiving payment by electronic fund transfer (EFT), the payment shown above has already been made to your financial institution. Otherwise, the check is enclosed.

ADDRESS CHANGE If you move or otherwise change your mailing address or your check mailing address (such as a bank or credit union), advise OWCP right away in writing of the new address.

CORRESPONDENCE Include your OWCP file number on all letters you send to OWCP.

DEPENDENTS For recipients of payments for disability or schedule award (pay type 1 or 9, as shown above): If you have one or more dependents, you are entitled to compensation at the augmented rate of 75%, rather than 66 2/3 percent, of your pay rate. (Questions as to who qualifies as a dependent should be directed to the OWCP District Office handling your claim.) Events such as birth, death, marriage, divorce, separation, or youngest child reaching age 18 may affect your compensation and should be reported to OWCP right away.

EMPLOYMENT For recipients of payments for disability (pay type 1 , as shown above): To avoid an overpayment of compensation, advise OWCP right away when you return to full-time or part-time work with either a government or private employer (including self-employment.) Return to OWCP any compensation checks received after you go back to work. State the full name and address of your employer; the date employment began; the rate of pay and number of hours worked per week; and a description of the employment.

SURVIVORS For recipients of payments for death benefits (pay type 7, as shown above): If it has not already done so, OWCP will advise you in detail of each survivor for whom death benefits are payable, and the percentage of salary payable for each. (Questions as to who qualifies as a survivor should be directed to the OWCP District Office handling your claim.) Events such as birth of a posthumous child, death, remarriage, or youngest child reaching age 18 may affect your compensation and should be reported to OWCP right away.

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Exhibit-2

U.S. DEPARTMENT OF LABOR

EMPLOYMENT STANDARDS ADMINISTRATION
OFFICE OF WORKERS' COMPENSATION PROGRAMS
NEW YORK NY 10014-0566

PHONE: (212) 337-2075

November 6, 1997

FILE NUMBER: 020726438 → Item-1
DATE OF INJURY: 08/21/1996
EMPLOYEE: ANGEL MORALES

ANGEL D. MORALES
BETANIA 28 ST URB MUNOZ RIVERA
GUAYNABO, PR 00969

Dear Mr. Morales:

This is to notify you that your occupational disease claim has been accepted for the condition(s) of:

Diagnosed condition(s): Dysthemic Disorder

Lost time from work may be claimed by filing Form CA-7. After the CA-7, later periods of disability may be claimed by filing Forms CA-8. Any claim for lost wages must be submitted through your employing agency. They will complete the pay rate information and prepare a day-by-day absence analysis showing your pay status during the period(s) claimed.

If you have any questions regarding your claim you may contact me at the above address.

Sincerely,

Teri Friend
Claims Examiner

US POSTAL SERVICE
SAN JUAN MGT SECT CNTR
CARIBBEAN DISTRICT
BOX 3367 MAIN POST OFFICE
SAN JUAN, PR 00936

Enclosure: "Guide for Claimants" containing useful information